

CITY OF SAINT PAUL Department of Safety and Inspections Fire Safety Inspection Division 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806

Phone: 651-266-8989 Fax: 651-266-9124

HAZARDOUS MATERIALS PERMIT APPLICATION

Incomplete information will result in rejection of application. No work can begin prior to approval.

Date:	Permit Number:
Project Address:	Building Name:
Contractor	Information
Name:	MPCA ID #:
Address:	Phone:
Contact Person:	Fax:
Property Owner Name:	
Property Owner Address:	Phone:
Project: Install () Repair () All * If removed, where will tank be taken for disposal?	lter () Abandon () Remove ()*
	formation
Number of Tanks:	
Tank Type: Protected AST () Aboveground	() Underground () Other
Tank Capacity:	
Tank Specification/Listing:	Tank Contents:
For LPG & Compressed Gas Tanks: Tank Sur	face Area in Sq. FtTotal Relief Valve Capacity
Estimated Start Date:	Estimated Finish Date:
_	Attachments * *
Initial Fee \$150.00 + \$50.00 per Tank (Make check payable to City of Saint Paul)	Site Plan () Mechanical Plan ()
Applicant certifies that all information is correct and that all pe with in performing the work for which this permit is issued. Fir	ertinent state regulations and city ordinances will be complied nal approval subject to field inspection.
Applicant's Signature:	Date:
signature of Cardholder (required for all charges):	
☐ AMEX ☐ Discover ☐ MasterCard ☐ Visa Security Code	Expiration Month/Year
Inter Account Jumber	